

National Conference on Mental Health in Public Health Training

STEPHEN E. GOLDSTON, Ed.D., M.S.P.H.

THE NATIONAL Conference on Mental Health in Public Health Training was held at Airlie House, Warrenton, Va., May 27-30, 1968. This conference was the product of the mutual convictions expressed by the staff of the National Institute of Mental Health and the deans and mental health training program directors in the various schools of public health that it would be timely to reexamine the relationship between training in public health and mental health, and also examine the ways these two areas might be more effectively integrated and articulated. From an historical perspective there appeared to be a real need to follow up the Conference on Mental Health Training in Schools of Public Health at Arden House in December 1959. In addition, the new emphasis on medical care as a part of public health responsibility and the increasing accent on community mental health and comprehensive health planning served as further imperatives for convening the conference.

The conference was regarded by the staff of NIMH and the schools of public health as an appropriate method for clarifying training objectives and philosophies and incorporating mental health content in curriculums of the schools of public health. Moreover, the conference provided the faculty of the schools and the staff of the granting agency an opportunity to

exchange views on mental health training program operations. The conference would also allow the faculties and the Institute staff to further their relationship which started in 1948, shortly after the establishment of the Institute, when NIMH began a program to provide mental health training grants to the various accredited schools of public health. In fiscal 1968, all 11 older schools of public health in the continental United States were receiving NIMH training funds.

The planners of the grant program maintained that the schools of public health train professional persons as key leaders in public health who, by virtue of their positions in communities and States, will assume vital roles in implementing mental health programs and practices. Further, it was posited that these leaders should be aware of interpersonal factors in their work, the types of mental health services and facilities, and the application of public health principles to the detection, prevention, and control of the mental illnesses and the promotion of mental health.

In this paper not only will the sense of the conference transactions be described, but also the process, planning, and rationale that went into this national conference.

Participants

The initial intent to secure the participation of senior faculty from the schools of public health was well fulfilled. Of the 88 conference participants, 78 were on the faculties of the schools of public health, eight were Federal of-

Dr. Goldston is special assistant to the director, National Institute of Mental Health, Health Services and Mental Health Administration, Public Health Service.

ficials, and two participants represented interested agencies.

The 78 academic participants included 51 full professors, of whom 11 were deans of schools of public health, 18 associate professors, 3 assistant professors, and 6 lecturer-instructors. Fifty-eight of the faculty members represented 12 public health subspecialties; 20 faculty members were mental health specialists, 15 of whom were psychiatrists.

Participants represented all 15 accredited schools of public health in the United States, and an observer was in attendance from the University of Toronto School of Hygiene.

Conference Purpose and Plan

The stated purpose of the conference was to bring together faculty members from the schools of public health to explore and identify opportunities to include mental health content within the public health curriculum. The mental health content was to be professionally meaningful to the general student body enrolled in the schools of public health, as distinguished from the training of mental health specialists. From the outset, the conference advisory committee and the staff of NIMH decided that this conference would be primarily structured around small work group sessions concentrating on the mental health aspects of the various public health subspecialty areas.

The following 12 public health subspecialties were selected as being most representative of interrelated public health and mental health considerations: public health administration, medical care and hospital administration, public health education, epidemiology, biostatistics, chronic diseases, maternal and child health, public health nursing, population control and family planning, environmental health, occupational health, and nutrition. Each subspecialty was represented by a separate work group at the conference.

The conference plan called for staffing each work group with faculty and deans from the schools of public health. Optimally, seven persons were to comprise each group, five experts in a specific public health subspecialty and two mental health experts.

The proposed vehicle for engaging the public health and mental health experts in their dialogue and curriculum development was a working paper prepared and distributed before the conference. Thus, the initial task of the work groups would be to discuss and rework the paper and to refine the concepts and statements of the mental health aspects of that public health subject area. The conference planners anticipated that teaching materials and approaches would be developed which eventually could be used within the schools of public health to integrate mental health concepts into the public health curriculum.

Outstanding members of public health and mental health faculties from the various schools of public health agreed to prepare the working papers. A public health faculty member, expert in a specific subspecialty area, and a mental health faculty member were asked to co-author each paper. Opportunities were provided for the co-authors, who were usually from different schools, to meet to prepare the papers.

The co-authors were asked to consider the mental health training needs of two types of public health students (*a*) the generalists, that is, those students who may take only a single survey course in an area and (*b*) the specialists, those students who major in a particular public health subspecialty. The papers were also to include a brief overview of the scope of the subspecialty area, identifying mental health relatedness and mental health principles, selecting case material where appropriate for illustrative purposes, discussing methods of teaching the material, and indicating content that might be taught by collaborative or team teaching with the mental health faculty.

Shortly after the first meeting of the conference advisory committee in mid-August 1967, the deans of the schools of public health were polled to determine their reactions to the proposed conference, its purposes, format, and schedule. Responses from the deans were positive, and the staff of NIMH immediately began to secure commitments from the co-authors. In early November 1967, invitations to conference participants were issued.

The advisory committee assisted in planning the final agenda and format. Group chairmen

were selected, and the advisory committee suggested clustering the 12 groups into four sections, with a section reporter who would visit each of the three groups and prepare a concise feedback report at the final plenary session.

Conference Program

The 3-day program started Monday evening, May 27, 1968. The keynote speaker, Dr. Stanley F. Yolles, Director, National Institute of Mental Health presented the following threefold charge:

“1. Identify that mental health content that is relevant to each of the 12 public health subspecialties represented;

2. Identify the problems in teaching such mental health content so that we may proceed to tear down any barriers to more effective training, and

3. Share with us any recommendations you may wish to offer for implementing more effective training programs.”

Issues considered by work groups. For the next 2 days the 12 work groups met 8 hours daily to discuss the working papers and to carry out the conference charge. The following questions illustrate some of the issues which concerned the participants:

Addressed to the co-authors—What were some of the issues which you both had to resolve in preparing the working paper? Which of these issues seem characteristic of the ill-defined relationship between mental health and public issues?

What mental health content can be added, beyond that content cited in the working paper: (a) for the student taking an introductory course in this subspecialty and (b) for majors in this subspecialty? What are the points of agreement or disagreement with the mental health content cited in the working paper?

Beyond mental health content in the basic course of the subspecialty and the mental health content for majors in that subspecialty, what mental health content should be given to public health specialists who wish additional mental health content, that is, hospital administration students who wish to learn more about mental

health but do not wish to prepare themselves to be administrators of mental hospitals?

To what extent are mental health concepts presently discussed in your basic survey course and the course for specialty majors?

How do you believe a mental health faculty member can be used most effectively in promoting the integration of mental health concepts into your subspecialty?

What types of formal mental health courses would be most appropriate for majors in your subspecialty?

To what extent can we assess, even though empirically, the value of mental health teaching in schools of public health?

Second and final sessions. On Wednesday evening Dr. René J. Dubos from the Rockefeller University gave a formal address at the second plenary session. The topic of his speech was “The Biological Determinants of Individuality and Mental Health,” a critical view of relevant public health and mental health issues.

On Thursday morning at the closing plenary session the four deans of schools of public health who served as section leaders gave summary reports on the deliberations of the work groups in which they participated. Each section leader identified and commented on the common features of the group discussions, individual and unique features of the discussions, major issues, recommendations, and conclusions.

A unifying theme common to all groups was the agreement that, from a conceptual standpoint, mental health was an integral part of human health. In general, the reports indicated that all work groups had identified many specific opportunities within the public health curriculum for the inclusion of relevant mental health concepts. A more effective partnership was established between the mental health specialists on the faculty and those faculty representing the public health subject areas.

A frequent comment was that what should be taught, how much, when, and by whom should remain the decision of the faculty member primarily responsible for presenting a particular course. Similarly, it was agreed that a diversity of teaching programs should be stimulated and encouraged consistent with the unique qualities and strengths characterizing each school.

Conference Recommendations

Participants at the conference submitted these general recommendations to advance the public health-mental health concept:

1. That the development of joint or interdepartmental courses should be encouraged to increase the exposure of students to specialized fields, such as mental health.
2. That special measures be taken to prepare both mental health faculties and other health subspecialties' faculties for joint teaching enterprises, to the extent necessary.
3. That mental health content, to be most meaningful, be given to students of another health subspecialty in terms of the specific health problems or cases drawn from within the context of that subspecialty.
4. That specific mental health input be decided upon for each of the other health subspecialties' teaching areas through joint consultation with mental health experts.
5. That the presence of a full-time faculty member with mental health specialization is desirable in every school of public health.
6. That measures be taken to establish (a) program objectives for training in public

health-mental health and (b) procedures to evaluate the effectiveness of such training.

7. That NIMH sponsor a survey of programs in schools of public health to determine what is currently being taught concerning mental health.

Conference Outcomes

A sense of commitment and productivity characterized the work of the participants. Mental health specialists enlarged their awareness of public health subject matter, and members of public health faculties became more familiar with relevant mental health considerations.

In addition to the expressions of mutual interest and cooperation, two significant publications emanated from the conference: (a) the 12 working papers which will be published in one volume in 1969 and (b) a proceedings document which includes all the chairmen's reports, the section reports, and the formal presentations. These two publications will provide faculty and students in the schools of public health with curriculum materials which can be used to further clarify and implement mental health concepts in public health practice.

Center for Studies of Schizophrenia

A Center for Studies of Schizophrenia has been established at the National Institute of Mental Health for the study of schizophrenia, the mental illness afflicting an estimated 2 million Americans.

All extramural and intramural research programs will be coordinated by the Center, which will also serve as an up-to-date information source on what is known and what is being done in the field.

Although research in the past 15 years has uncovered some biological and environmental factors related to the disease and has produced drugs which can help schizophrenics lead normal lives, schizophrenia remains the most prevalent and least understood of the serious mental disorders. It fills more than 200,000 beds and accounts for a third of the admissions to these hospitals.

Dr. Loren Mosher, named chief of the Center, has indicated that the Center's first task will be to conduct an intensive review and analysis of recent research on schizophrenia to identify areas in which developments suggest the possibility of significant advances so that efforts can be concentrated on these areas. A major function of the Center will be to encourage a wide variety of approaches to research on schizophrenia, to facilitate information exchange, and to provide consultation to scientists working in the field.

Financial support and grant application review for extramural research or demonstration programs relating to schizophrenia will continue to be administered by the Division of Extramural Research's Clinical Research Branch, of which the Center is part.